



Payment Requisition

For the payment of expenses from the procurement of goods or services pertaining to Loyola University Chicago business.

Preparing people to lead extraordinary lives

Is the payee a US citizen or lawful permanent resident? Yes No

Is the payee an employee of LUC or HSD? Yes No

Payment type requested: Check ACH

Is there an executed contract or agreement on file for this transaction? If Yes, provide ID Number. Yes No N/A

REQUESTOR	
DEPARTMENT	
EXTENSION	DATE

VENDOR NUMBER

CONTRACT/AGREEMENT ID NUMBER	C
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Please issue check payable to [Beneficiary Account Name]		
Address 1		
Address 2		
Address 3		
City	State	ZIP Code
Vendor Email Address		

See Electronic W9 for Address

Accounting Unit	Account	Activity	Account Category	Distribution Amount

Comments/Remarks (Include invoice #'s ACH addendum, or other comments to appear on disbursement)

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Send completed form and supporting documentation to: Accounts Payable, 820 North Michigan Ave, LT Room 602 or Accounts-Payables@luc.edu

BUDGET ADMINISTRATOR (PRINT): _____ DATE _____

BUDGET ADMINISTRATOR (SIGNATURE): _____ EXTENSION _____

SECONDARY APPROVER (PRINT): _____ DATE _____

Secondary Approval is REQUIRED on all Requests in excess of \$5,000

SECONDARY APPROVER (SIGNATURE): _____ EXTENSION _____

ACCOUNTS PAYABLE: _____ DATE _____

SPONSORED PROGRAM ACCOUNTING: _____ DATE _____

Please allow 10 working days after receipt for your request to be processed.